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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   |            | <b>Docket Number (Optional)</b><br>WEN-0021 |             |  |            |                         |  |  |       |      |    |   |       |       |    |  |        |       |             |  |        |       |    |  |        |        |    |
|--|------------|---|-------------|--|------------|-------------------------|--|--|-------|------|----|---|-------|-------|----|--|--------|-------|-------------|--|--------|-------|----|--|--------|--------|----|
| <b>Application Number</b> 10/649,699-Conf. #6748   |            | <b>Filed</b> August 28, 2003                |             |  |            |                         |  |  |       |      |    |   |       |       |    |  |        |       |             |  |        |       |    |  |        |        |    |
| <b>For</b> CORNEAL SURGERY APPARATUS   |            |   |             |  |            |                         |  |  |       |      |    |   |       |       |    |  |        |       |             |  |        |       |    |  |        |        |    |
| <b>Art Unit</b> 3739   |            | <b>Examiner</b> H. M. Johnson               |             |  |            |                         |  |  |       |      |    |   |       |       |    |  |        |       |             |  |        |       |    |  |        |        |    |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table border="1"><thead><tr><th></th><th><u>Fee</u></th><th><u>Small Entity Fee</u></th><th></th></tr></thead><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$120</td><td>\$60</td><td>\$</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$450</td><td>\$225</td><td>\$</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$1020</td><td>\$510</td><td>\$ 1,020.00</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$1590</td><td>\$795</td><td>\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$2160</td><td>\$1080</td><td>\$</td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-0013</u>. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input type="checkbox"/> attorney or agent of record. Registration Number _____</p> <p><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/>Registration number if acting under 37 CFR 1.34 <u>24,104</u></p> <p>_____<br/>Signature<br/>_____<br/>Typed or printed name<br/>_____<br/>Date<br/>_____<br/>Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of <u>1</u> forms are submitted.</p> |            |   |             |  | <u>Fee</u> | <u>Small Entity Fee</u> |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ | <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ 1,020.00 | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |
|  | <u>Fee</u> | <u>Small Entity Fee</u>                     |             |  |            |                         |  |  |       |      |    |   |       |       |    |  |        |       |             |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120      | \$60  | \$          |  |            |                         |  |  |       |      |    |   |       |       |    |  |        |       |             |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$450      | \$225                                       | \$          |  |            |                         |  |  |       |      |    |   |       |       |    |  |        |       |             |  |        |       |    |  |        |        |    |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020     | \$510                                       | \$ 1,020.00 |  |            |                         |  |  |       |      |    |   |       |       |    |  |        |       |             |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1590     | \$795                                       | \$          |  |            |                         |  |  |       |      |    |   |       |       |    |  |        |       |             |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2160     | \$1080                                      | \$          |  |            |                         |  |  |       |      |    |   |       |       |    |  |        |       |             |  |        |       |    |  |        |        |    |

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